

Mt. Edgecumbe Service Unit

OVERVIEW

Alaska Native 1998 User Population.

MT. EDGECUMBE SERVICE UNIT	14,504
Ketchikan Indian Corporation	3,181
Southeast Alaska Regional Health Consortium	11,323

Users are defined as beneficiaries who used a facility that reports through the IHS data system at least once between 10/1/95 and 9/30/98.

Environmental Factors. The Mt. Edgecumbe Service Unit covers about 42,162 square miles and encompasses the entire Southeast Alaska area except for Annette Island. It lies along a 550-mile strip of coastal land and many islands. Forming the western boundary is the Gulf of Alaska. On the north, south and east is the Canada border. A Native population of 14,504 lives on islands or on the coast, with most communities isolated by mountains, rough terrain and water.



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Mt. Edgecumbe Hospital is on picturesque Japonski Island. Sitka lies to the east, on Baranof Island. A bridge spans the 1/4-mile channel separating the two islands. Mt. Edgecumbe actually consists of three interconnected islands. These rugged islands have forests of beautiful spruce, hemlock and yellow cedar. The entire region consists of thousands of islands covered with dense, deep green forests. Above timberline, alpine peaks rise to snowcaps and glaciers move slowly from the valleys to the sea.

Sitka and the southeast areas have a moist, mild coastal climate. The average temperature is 55 degrees F° in July and 32 degrees F° in January. Annually, the average temperature is 43 degrees F°. It is beautiful but wet. The annual precipitation is 96.6 inches, and the annual snowfall is 47.4 inches.

In lower Southeastern Alaska, Ketchikan, is nestled on the southwest side of Revillagigedo Island, a 550 mile strip of coastal lands and islands with the Pacific Ocean on the west and Canada on the north, south and east border. Revillagigedo Island lies on Tongass Narrows opposite Gravina Island. Ketchikan is 235 miles south of Juneau; 90 miles north of Prince Rupert, British Columbia; and 600 miles north of Seattle, Washington.

Ketchikan is a linear waterfront city. Much of the 3-mile-long business district sits above water on pilings driven into the bottom of Tongass Narrows. Narrow winding streets lead up steep, wooded hillsides in this city by the sea. Long wooden staircases reach homes perched on cliffs.

The climate of the area is rainy, with an average annual precipitation of 168 inches. The greatest annual precipitation recorded was 202 inches in 1949. In July, the average daily maximum temperature is 65 degrees. In January, the average daily minimum temperature is 18 degrees. The average snowfall is 33 inches. Prevailing winds are southeasterly year-round.

Ethnic Groups. Ethnically, three major tribes inhabit Southeast Alaska: the Tsimpsian, the Haida and the Tlingit. The Tsimpsians, originally came from British Columbia. They migrated to Annette Island after the United States Congress gave it to them. About 1400 Tsimpsians inhabit Annette Island, most living in Metlakatla.

Like the Tsimpsians, the Haidas came from Canada. Today, they live in the village of Hydaburg and its surrounding area.

The largest tribe, the Tlingit, immigrated from Interior Alaska and Canada. By the time Europeans first made contact with them, the Tlingits were well-distributed in Southeast Alaska. Their villages now lie from Ketchikan to Yakutat.

While it is true that the predominate “tribes” are the Haida, Tlingit and Tsimpsian, Southeast Alaska Regional Health Consortium (SEARHC) represents any member of a Federally-recognized tribe with the proper tribal identification.

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Utilities. Most communities in the region have electricity, water and sanitation facilities.

Communications. SEARHC is designing a data and communications system that will connect twelve or more village locations. The plan includes sufficient bandwidth and support for appropriate wide-area-network protocols to provide access to applications such as telemedicine, Inter/Intranet, electronic mail, voice over data, store and forward and/or real time video and continuing medical education for a variety of health professions. The cost of this system at the village level is estimated to be approximately \$800 per month per health facility.

Transportation. Haines, Klukwan, Skagway and Hyder are accessible by the Canadian portions of the Alcan Highway road. Skagway has road access to the Yukon Territory, and Hyder has a road to British Columbia. All other communities are accessible by airplane or boat. Aircraft and the Alaska Marine Highway (ferry) continue to be the principal mode of travel among island communities. Steep coastlines, multiple fjords and mountainous terrain prevent the state from developing further road links between communities.

The ruggedness of the terrain, long distances and stormy weather of the area make access to health-care facilities difficult by sea and air. Air travel is a fast but expensive method of travel for residents in outlying communities who need immediate health care.

Housing. Housing varies in cost and availability in each community.

Education. Schools range from elementary to the high school level. College courses are offered through Sheldon Jackson College in Sitka and the University of Alaska Southeast, which has campuses in Juneau, Sitka, and Ketchikan. All villages provide elementary through high school education. The State of Alaska operates Mt. Edgecumbe High School in Sitka, a boarding school for students from all over the state.

Natural Resources. Fish and timber are the natural resources that support the economy in Southeast Alaska. Throughout the region, logging, fishing, mining, and fish processing are important industries. Tourism has grown in recent years and spurred the trade and service sectors.

Economic Conditions. Southeast Alaska is struggling with unemployment losses due to the timber industry. So far the following has occurred:

The sawmill in Haines closed in 1991
(employment & wages fell about 20%)

The pulp mill in Sitka closed in 1993

Juneau Area

Median age	32.6%
Percent children under five	7.7%
Percent 18 years & over	70.6%
Percent 65 years & over	5.6%
High school graduate or higher (1990)	89.6%
Bachelors degree or higher (1990)	30.7%
Percent of all 16 years plus in labor force	76.5%
Percent unemployed	5.6%
Personal per capita income (1993)	\$26,066
Annual average monthly earnings (1994)	\$2,664

SOURCE: State of Alaska, Alaska Department of Labor, Research and Analysis Section, Alaska Economic Trends, July 1996, p14.

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(employment & wages fell nearly 11%). Sitka was fortunate with growth in other industries.

The sawmill in Wrangell closed in 1994 (in 1995 employment dropped 22% and wages fell nearly 30%).

Southeast Alaska's employment grew at a slower rate than the rest of the state. The retail trade has offset other areas of employment loss. Another economic boost has been tourists visiting communities in Southeast Alaska.

Labor Force by Borough & Census Area April 2000

	Unemployment	Employment
Haines Borough	135	1,034
Juneau Borough	732	15,585
Ketchikan Gateway Borough	605	6,437
POW-Outer Ketchikan /1	455	2,799
Sitka Borough	205	3,988
Skagway-Hoonah-Angoon	151	2,022
Wrangell-Petersburg	353	3,094
Yakutat Borough	41	275

1/ Includes Metlakatla Indian Community Census Subarea. POW=Prince of Wales.
Source: State of Alaska, Alaska Department of Labor and Workforce Development, Research and Analysis Section, Alaska Economic Trends, July 2000, p21.

Per Capita Income by Borough & Census Area 1998

Haines Borough	\$30,059
Juneau Borough	\$33,516
Ketchikan Gateway Borough	\$31,803
POW-Outer Ketchikan CA	\$18,278
Sitka Borough	\$28,480
Skagway-Hoonah-Angoon CA	\$24,086
Wrangell-Petersburg Census Area	\$25,983
Yakutat Borough	\$27,352

POW=Prince of Wales Island; CA=Census Area. Source: State of Alaska, Alaska Department of Labor and Workforce, Research and Analysis Section, Alaska Economic Trends, August 2000, p21.

Tribes. The Federally recognized tribes for the Mt. Edgecumbe Service Unit are listed below.

Southeast Alaska Regional Health Consortium Region

Angoon Community Association IRA - P.O. Box 188, Angoon, AK 99820
Chilkat Indian Village (Klukwan) IRA - P.O. Box 210, Haines, AK 99827
Chilkoot Indian Association IRA - P.O. Box 490, Haines, AK 99827
Craig Community Association IRA - P.O. Box 828, Craig, AK 99921
Douglas Indian Association IRA - P.O. Box 020478, Juneau, AK 99802
Hoonah Indian Association IRA - P.O. Box 402, Hoonah, AK 99829
Hydaburg Cooperative Association IRA - P.O. Box 305, Hydaburg, AK 99922
Organized Village of Kake IRA - P.O. Box 316, Kake, AK 99830
Organized Village of Kasaan IRA - General Delivery, Kasaan, AK 99924
Klawock Cooperative Association IRA- P.O. Box 122, Klawock, AK 99925
Petersburg Indian Association IRA - P.O. Box 1418, Petersburg, AK 99833
Sitka Tribe of Alaska IRA - 456 Katlian Street, Sitka, AK 99835
Skagway Village - P.O. Box 399, Skagway, AK 99840
Wrangell Cooperative Association IRA - P.O. Box 868, Wrangell, AK 99929

Yakutat Tlingit Tribe Region

Yakutat Tlingit Tribe - P.O. Box 418, Yakutat, AK 99689

Ketchikan Indian Corporation Region

Ketchikan Indian Corporation IRA - 429 Deermount Avenue, Ketchikan, AK 99901
Organized Village of Saxman IRA - Route 2, Box 2-Saxman, Ketchikan, AK 99901

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DESCRIPTION OF HEALTH-CARE DELIVERY SYSTEM

The Southeast Alaska Regional Health Consortium (SEARHC), Ketchikan Indian Community (KIC), Hoonah Indian Association and Yakutat Tlingit Tribe provide health care to residents of the Mt. Edgecumbe Service Unit.

Facilities Operated by Hoonah Indian Community.

Hoonah Health Center, P.O. Box 103, Hoonah, AK 99829

Facilities Operated by Ketchikan Indian Community (KIC).

Ketchikan Tribal Health Clinic – 2960 Tongass Avenue, Ketchikan, AK 99901

Facilities Operated by Southeast Alaska Regional Health Consortium (SEARHC).

Alicia Roberts Medical Center, P.O. Box 69, Klawock, AK 99925

Angoon Health Center, P.O. Box 27, Angoon, AK 99820

SEARHC Haines Medical Clinic, P.O. Box 1549, Haines, AK 99827

Hydaburg Health Center, P.O. Box 333, Hydaburg, AK 99922

JDHS Teen Health Clinic, 1639 Glacier Ave., Juneau, AK 99801

Kake Health Clinic, P.O. Box 605, Kake, AK 99830

Kasaan Health Center, P.O. Box KXA, Ketchikan, AK 99950-0349

Klukwan Health Center, P.O. Box 690, Klukwan, AK 99827

Pelican Health Center, P.O. Box 101, Pelican, AK 99832

SEARHC Medical-Dental Clinic, 3245 Hospital Drive, Juneau, AK 99801

SEARHC Mt. Edgecumbe Hospital, 222 Tongass Drive, Sitka, AK 99835

Facilities Operated by Yakutat Tlingit Tribe.

Yakutat Community Health Center, P.O. Box 112, Yakutat, AK 99689

Mt. Edgecumbe Hospital. Built between 1940 and 1948, Mt. Edgecumbe Hospital was originally a naval air station clinic. Next it became a tuberculosis sanitarium and then an IHS general hospital for Southeast Alaska. In January 1986, SEARHC assumed responsibility for the Mt. Edgecumbe Hospital and health care delivery to the Service Unit under a P.L. 93-638 contract. On January 1, 1995, SEARHC entered into a compact with the Indian Health Service.

Mt. Edgecumbe Hospital is a five-story, concrete and steel, 119,000 square-foot facility. The facility has 60 beds for acute and protracted care. The hospital is on Japonski Island, with access by bridge to Sitka. It has received accreditation with commendation in 1998 by the Joint Commission on Accreditation of Healthcare Organizations.

Hospital staff is about 370 workers. Clinical services include family medicine, internal medicine, obstetrics, gynecology, otolaryngology, oncology, psychiatry, radiology, optometry, and pediatrics. A staff of dentists and dental assistants deliver services to beneficiaries at the hospital and on an itinerant basis to Angoon, Yakutat, and Hoonah. Haines, Kake, Petersburg, Skagway and Wrangell receive contracted services from private sector dentists.

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The outpatient mental health program has moved out of the Mt. Edgecumbe Hospital into a newly renovated duplex building on the hospital grounds. This setup provides more space and privacy for clients.

Building 212 on the Mt. Edgecumbe Hospital campus houses Community Health Services (CHS). Community Health Services provides administrative support for the field-based programs. CHS oversees the Community Health Aide Program, Community Family Services, Emergency Medical Services, and Raven's Way, an Adolescent Residential Treatment Program for youth with alcohol-abuse problems. The Bill Brady Healing Center, formerly the Chemical Dependency Unit, has moved out of the hospital and transitioned into an adult residential treatment program. In addition, Deilee Hut was opened to provide residential treatment for women who wish to bring their children with them. Together, these programs reach into all the rural communities of Southeast Alaska. CHS has a staff of approximately 138 people.

From time to time, SEARHC clinicians provide services at sites outside of SEARHC and tribal facilities. The following sites are identified:

Bartlett Regional Hospital, 3260 Hospital Drive, Juneau, AK 99801

Haines Senior Center, 1st Avenue South, Haines, AK 99827

Juneau Pioneers' Home, 4675 Glacier Hwy., Juneau, AK 99801

Sitka Pioneers' Home, 120 Katlian St., Sitka, AK 99835

St. Ann's Care Center, 415 – 6th, Juneau, AK 99801

SEARHC Dental Services are provided from time to time at the elementary through high schools.

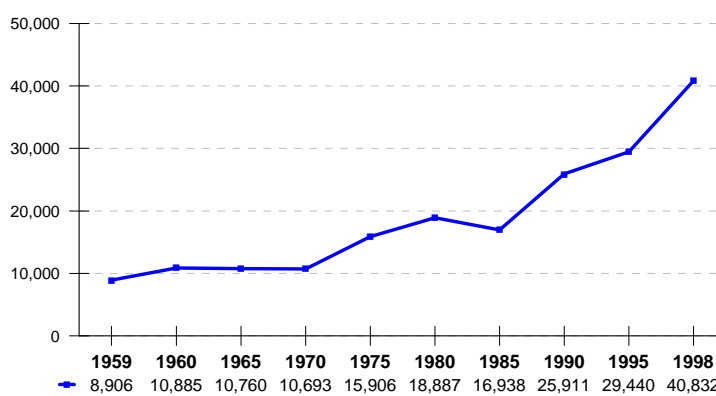
SEARHC now conducts sealant clinics in Petersburg and Wrangell .

Other SEARHC Services. SEARHC also provides health care through community health aides in the villages. The SEARHC Community Health Aide Program monitors and evaluates primary medical care services, training and supervision of health aides. The following villages have community health aides:

Angoon	Hydaburg
Kasaan*	Kake
Klawock*	Klukwan
Pelican	

* The Kasaan and Klawock health aides now work at the Alicia Roberts Medical Center in Klawock under the supervision of a primary care provider.

**SEARHC Mt. Edgecumbe Hospital - Sitka
Outpatient Workload: FY 1959 - FY 1998**



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

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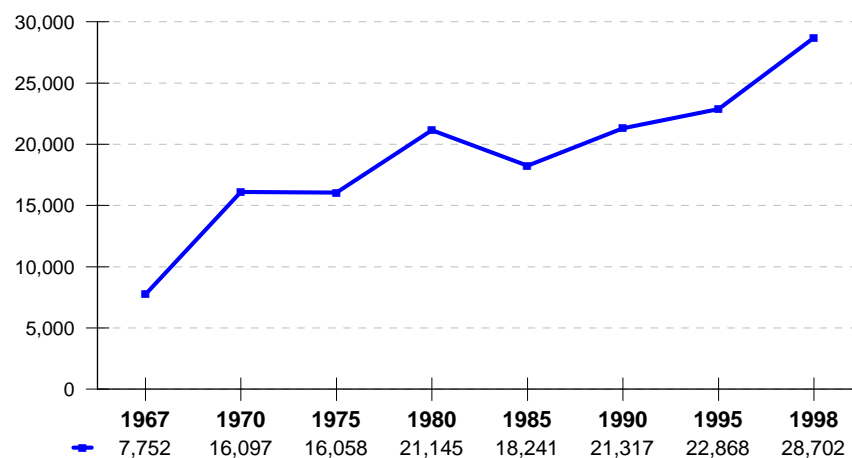
Mt. Edgecumbe Hospital Leading Causes of Outpatient Visits: FY 1994 - FY 1997

All Age Groups	FY 1994	FY 1995	FY 1996	FY 1997
Hospital Medical/Surgical Follow-up	1,091	1,217	2,126	3,860
Neuroses & Non-Psychotic Disorders	2,378	2,327	2,192	2,868
Bone & Joint Disorders	1,915	2,089	2,576	2,620
Accidents & Injuries	2,268	1,761	1,573	1,524
Arthritis	1,192	1,084	1,428	1,438
Immunization	1,270	1,111	1,181	1,362
Upper Respiratory Problems	1,406	1,378	1,392	1,357
Hypertension	889	893	1,196	1,164
Diabetes	506	517	680	910
Otitis Media	1,224	1,174	937	842

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

SEARHC Medical & Dental Clinic - Juneau. In 1982, SEARHC contracted with the Indian Health Service to assume management of the Alaska Native Health Clinic in Juneau, one of the busiest clinics in Southeast Alaska. In June 1987, SEARHC moved to a new medical clinic building. The new clinic is in a 12,000 square-foot, two-story building at the base of Hospital Drive in Juneau. With its opening, SEARHC could consolidate separately-housed offices and programs, including corporate headquarters and the Medical and Dental Clinic. Because of increasing demands for clinic space, SEARHC purchased a building across the parking lot to move its corporate headquarters into the space in 1991. Because of rapidly increasing demands SEARHC plans to build one additional 25,000 square foot medical clinic starting in 2001.

SEARHC Medical-Dental Clinic, Juneau Outpatient Workload: FY 1967 - FY 1998



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

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Juneau Medical & Dental Clinic -- Leading Causes of Outpatient Visits: FY 1994 - FY 1997

All Age Groups	FY 1994	FY 1995	FY 1996	FY 1997
Neuroses & Non-Psychotic Disorders	1,216	1,448	2,031	1,983
Upper Respiratory Problems	1,816	1,812	1,813	1,957
Accidents & Injuries	1,370	1,626	1,504	1,777
Prenatal Care	1,475	1,193	1,472	1,482
Hypertension	1,041	1,229	1,245	1,252
Immunization	1,022	1,288	1,474	1,247
Arthritis	923	840	1,087	1,226
Otitis Media	1,149	1,073	1,065	1,174
Bone & Joint Disorders	998	910	818	1,086
Family Planning	1,098	1,090	1,072	1,036

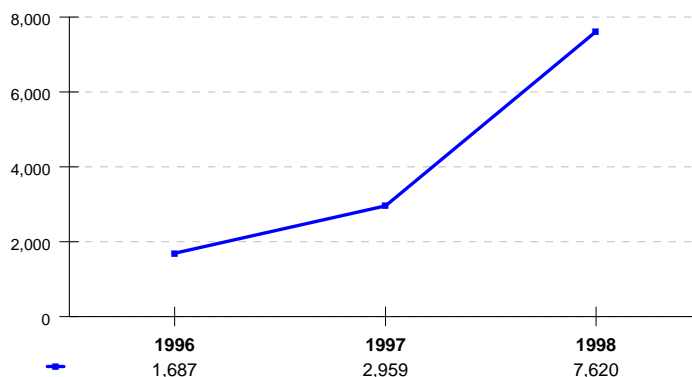
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

SEARHC Alicia Roberts Medical Center – (Klawock) Prince of Wales. A new clinic, the Alicia Roberts Clinic in Klawock, opened on Prince of Wales Island in July 1995. SEARHC assumed management for Prince of Wales Island in January 1994.

A dentist working in the SEARHC Alicia Roberts Medical Center services residents of Prince of Wales Island.

Alicia Roberts Medical Center (Klawock) Outpatient Workload: FY 1996 - FY 1998

Physicians and Physician's Assistants from the Alicia Roberts Clinic go to the villages of Hydaburg and Kasaan. Quite frequently, patients come to the clinics for health care needs. Those days that have "round trip" ferries scheduled are set aside for Prince of Wales patients to make appointments. This occurs usually twice a week except during January through March when only one day per week is scheduled.



As of FY 1998, Kasaan residents now receive health care services at the Klawock Health Center. Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

SEARHC Haines Medical Clinic – Haines. In early 1998, SEARHC assumed management of the Lynn Canal Medical Center to better serve Native beneficiaries in the region. The clinic was renamed the SEARHC Haines Medical Clinic. Two physicians and a physician's assistant work to meet the medical needs of the people of Haines and Klukwan.

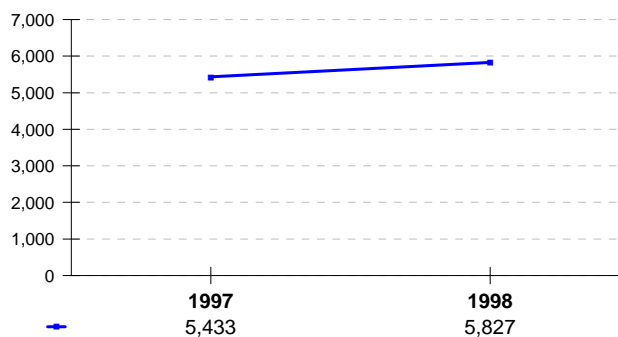
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Hoonah Indian Community.

Hoonah Health Center, P.O. Box 103, Hoonah, AK 99829

The Hoonah Indian Community began operating the Hoonah Medical Center and the village health aide program in December 1996. Services at the Hoonah Health Center include a community health aide, community health representatives, alcohol and mental health services, and a state funded midlevel provider. Periodic physician and dental services are provided by SEARHC.

Hoonah Medical Center
Outpatient Workload: FY 1997 - FY 1998



Source: Workload counts from the Hoonah local database.

Ketchikan Indian Community (KIC) Tribal Health Center - Ketchikan.

Ketchikan Tribal Health Clinic – 2960 Tongass Avenue, Ketchikan, AK 99901

The Ketchikan Indian Community assumed management of health care services to Alaska Native/American Indian residents of the Ketchikan Gateway Borough as of October 1, 1997. Beginning October 1, 1998, Saxman Village residents began receiving their health care at this facility. A memorandum of agreement has been finalized with Annette Island Service Unit to assure uninterrupted health care for Metlakatla Native residents.

Medical services include family medicine, internal medicine, obstetrics, gynecology, pediatrics, diabetes program, physical therapy, laboratory services, dental, pharmaceutical, social services, and health information services. KIC Tribal Health Clinic provides 24-hour physician coverage. An on-call physician provides medical care for life threatening or after-hour emergency medical crises through the Ketchikan General Hospital emergency room. Medical referrals are done both on the local and regional level if the service cannot be provided at the KIC Clinic.

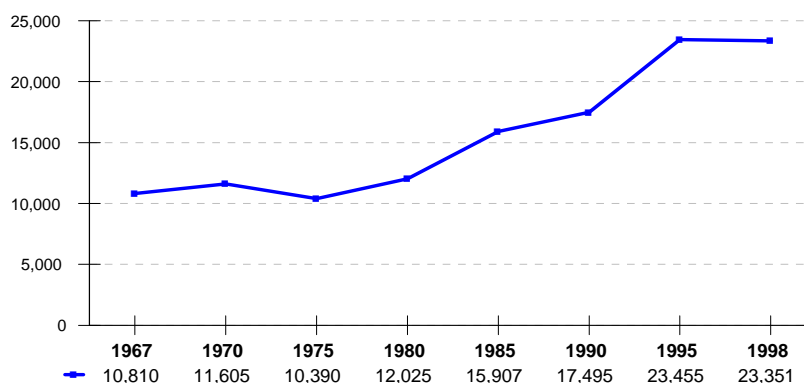
The following medical specialists are available in Ketchikan intermittently on a visiting basis: Allergy, Audiology, Dermatology, Neurology, Ophthalmology, Otolaryngology, Plastic Reconstructive & Hand Surgery, Podiatry, and Urology. KIC Tribal Health Clinic cooperates with both SEARHC and Ketchikan General Hospital to schedule specialty clinics so visits are cost effective. Other services provided by KIC are dental, pharmaceutical, social and health information.

The nursing staff works in conjunction with all departments. Their responsibility consists of but not limited to: chemotherapy, patient education, immunizations, maternal and child health, infection control, employee health, triage, specialty clinics, and patient travel to arrange referrals for specialized care at Mt. Edgecumbe and Alaska Native Medical Center.

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Ketchikan Indian Corporation (KIC) Health Center assumed management of health services for the residents of Ketchikan on 10/1/97. On 10/1/98 the residents of Saxman started receiving health care at KIC Health Center.

**Ketchikan Health Center
Outpatient Workload: FY 1967 - FY 1998**



NOTE: Ketchikan Indian Community (KIC) assumed management of health care services on 10/1/97 for the residents of Ketchikan. Beginning 10/1/98 Saxman residents began receiving health care at KIC.
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

Ketchikan Health Center -- Leading Causes of Outpatient Visits: FY 1994 - FY 1997

All Age Groups	FY 1994	FY 1995	FY 1996	FY 1997
Tests Only	1,032	713	1,493	2,031
Upper Respiratory Problems	1,400	1,458	1,697	1,895
Hypertension	1,252	1,381	1,525	1,726
Neuroses & Non-Psychotic Disorders	1,124	1,141	1,411	1,666
Bone & Joint Disorders	814	837	1,063	1,279
Diabetes	738	741	970	1,031
Heart Disease	680	815	910	989
Arthritis	737	759	877	892
Family Planning	755	702	836	848
Gynecologic Problems	818	604	773	830

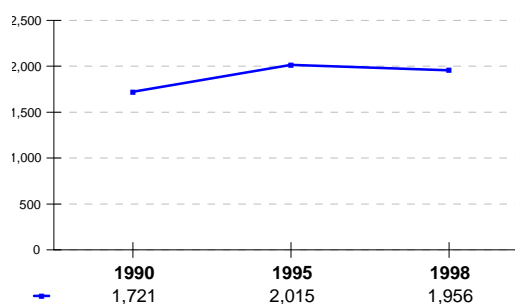
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

Yakutat Tlingit Tribe.

Yakutat Community Health Center, P.O. Box 112, Yakutat, AK 99689

Two mid-level providers and two community health aides provide services to people of the community. The Community Health Aide Program provides home health visits to elderly patients and also sees patients at the clinic. Health Education is provided in the schools, EMS program, some Mental Health services. Periodically, services are offered by private specialists traveling to the community, and SEARHC also has a primary care physician, acute dental services and other specialists visit the community.

**Yakutat Health Center
Outpatient Workload: FY 1990 - FY 1998**



Source: Alternate local data systems

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NON-TRIBAL HEALTH AGENCIES AND FACILITIES AND TYPES OF SERVICES PROVIDED TO SERVICE POPULATION

In addition to the health facilities operated by SEARHC, private hospitals are in Sitka, Juneau, Petersburg, Wrangell, and Ketchikan.

The private health-care providers throughout the region complement SEARHC services through contract health care monies and private insurance payments.

Itinerant public health nurses who are State of Alaska employees serve the Southeast Alaska communities.

HEALTH SERVICES AND FACILITIES PLANNING ISSUES

The following assumptions provide a qualitative assessment of the changes expected in the demand for health-care services in the Service Unit.

1. The percentage of elderly and children in the Native population continues to increase. The demand for geriatric services and long-term care will grow. Increases in the incidence of heart disease and stroke will impact the demand for inpatient and outpatient, and rehabilitation services. The demand for pediatric and adolescent services will grow.
2. There will be increased services to patients with AIDS and chronic diseases. These patients will have a greater need for outpatient services, which may include home health care and will increase utilization of laboratory, pharmacy and x-ray services. Inpatient services will include high-intensity nursing and physician services and will demand increased need for intensive care services.
3. There is a dramatic increase in sexually transmitted diseases. There is a need for increased space for outpatient evaluations; this also includes lab utilization.
4. There are an increased number of cancer patients, especially lung cancer, colon cancer, cancer of the cervix, and AIDS-related malignancies. These patients utilize more outpatient and inpatient services, laboratory services, surgical services, and radiology services.
5. The number of patients with diabetes and obesity problems is increasing. Additional patient education is needed. Utilization of both inpatient and outpatient services is also impacted.
6. Substance abuse continues to be a major problem among the Native population. Both prevention and treatment programs will need to expand. The demand for family involvement in therapy is evident. Medical complications from abuse and alcohol-related accidents will impact both inpatient and outpatient services.

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7. The availability of new technology will increase the type of services offered which will in turn, increase the number of inpatient and outpatient services delivered.
8. More procedures will be available on an outpatient basis (e.g., ambulatory surgery), decreasing the demand for inpatient beds. However, this will require appropriate ambulatory surgery facilities.
9. Dental services will be expanded to include orthodontics and prosthetics.
10. Health education will become a major focus of inpatient and outpatient services, increasing the resources required to support these services.
11. The role of village clinics will expand as centers for medical, dental, counseling and educational services.
12. The demand for mental health services will increase and will be met through expanded inpatient and outpatient services. The need for transitional living arrangements will greatly increase.

13. When SEARHC acquires an orthopedist for its medical staff, the number of surgical cases seen at Mt. Edgecumbe Hospital will increase. Additional equipment and facility renovation will be necessary.

Mt. Edgecumbe Service Unit
Alaska Native Deaths by Age and
Three-Year Average Crude Death Rates per 100,000 Population

	1996	1997	1998	3-Year Rate
Total Deaths	75	76	67	542.4
Age at Death:				
under 5	5	1	1	
5-9	1	0	0	
10-14	1	1	0	
15-24	4	4	2	
25-44	6	13	15	
45-64	16	14	14	
65+	42	43	35	
Age Unknown	0	0	0	

Leading Causes of Death		1994-1996 /4		1995-1997 /4		1996-1998 /4	
		AI/AN	U.S.	AI/AN	U.S.	AI/AN	U.S.
1)	Heart Disease	141.1	280.7	143.6	276.4	124.4	268.2
2)	Malignant Neoplasms /1	92.3	204.9	85.6	203.4	114.5	200.3
	Lung Cancer	35.9	57.5	32.7	57.3	32.3	59.1
3)	Unintentional Injuries (Accidents) /2	77.0	35.5	70.5	35.8	74.6	36.2
	Water Transport/Drowning	25.7	1.7	20.2	1.6	24.9	1.6
	Motor Vehicles	12.8	16.5	15.1	16.5	22.4	16.1
4)	Alcohol Related /3	38.5	7.7	40.3	7.5	29.9	7.4
5)	Suicide	20.5	11.9	25.2	11.6	27.4	11.3
6)	Chronic Obst. Pul. Diseases	20.5	39.2	20.2	40.0	22.4	41.7
7)	Influenza & Pneumonia	12.8	31.6	22.7	31.6	19.9	34
8)	Cirrhosis	18.0	9.6	22.7	9.4	17.4	9.3

1/ Lung Cancer is included in Malignant Neoplasms.

2/ Does not include injuries purposefully inflicted or injuries undetermined whether purposefully or accidentally inflicted. Motor Vehicle and Water Transport/Drowning are also counted in the total Accidents; it does not include alcohol related deaths.

3/ Alcohol Related deaths include alcoholic psychoses, alcohol dependence syndrome, alcohol abuse, alcoholic liver disease and cirrhosis, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, excessive blood level of alcohol, and accidental poisoning by alcoholic beverages and ethyl alcohol.

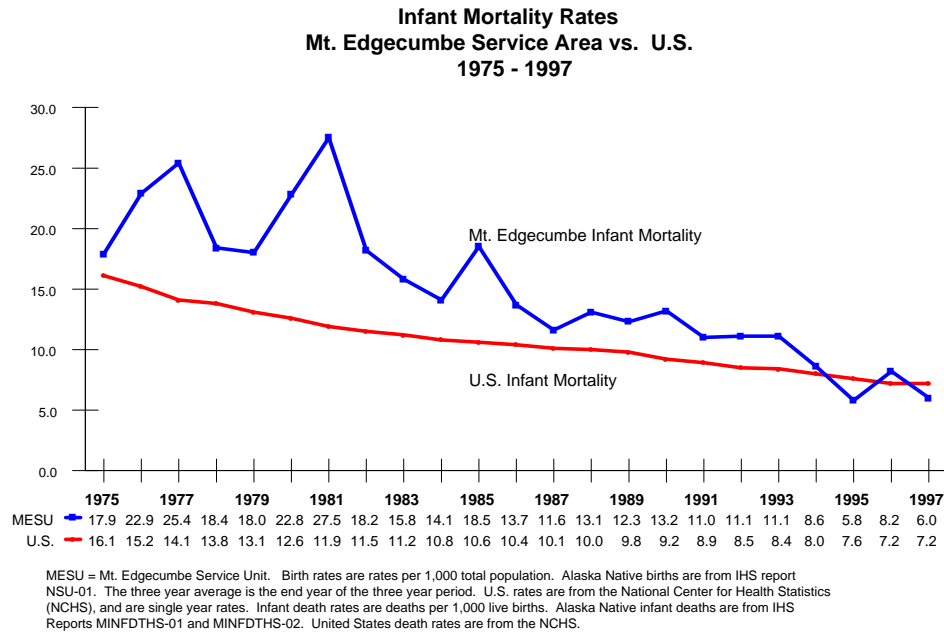
4/ Causes not included when deaths average less than one per year in 1995-97. Single year rates for U.S. Alaska Area Native Health Service, Division of Planning, Evaluation & Health Statistics.

HEALTH STATUS OF ALASKA NATIVES LIVING IN THE MT. EDGECUMBE SERVICE UNIT

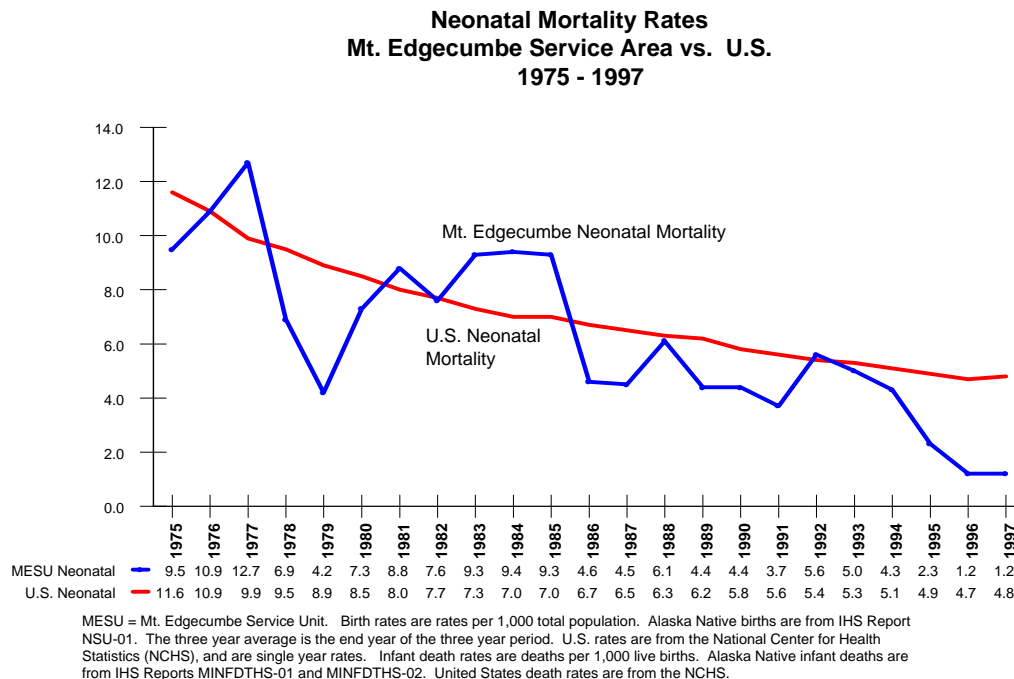
Mortality. The following table displays the deaths by age and leading causes of deaths for the Mt. Edgecumbe Service Unit.

Mt. Edgecumbe Service Unit

Infant Mortality. The following graph shows the Mt. Edgecumbe Service Area and U.S. infant death rates.

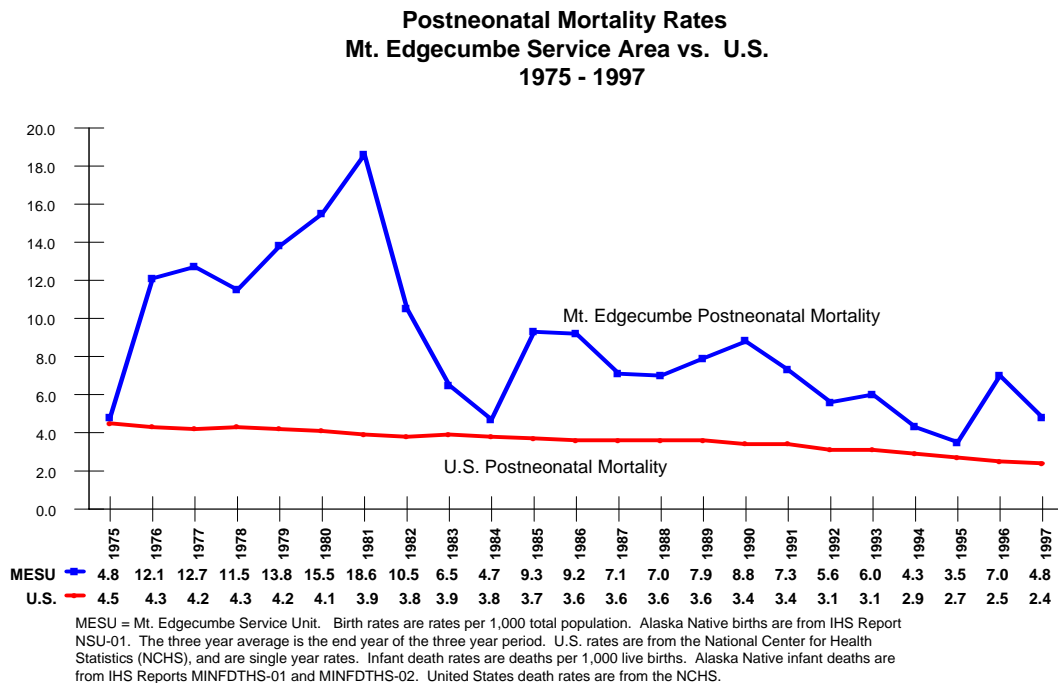


Neonatal Mortality. The neonatal graph shows the Mt. Edgecumbe Service Area lower than the U.S. neonatal death rates.

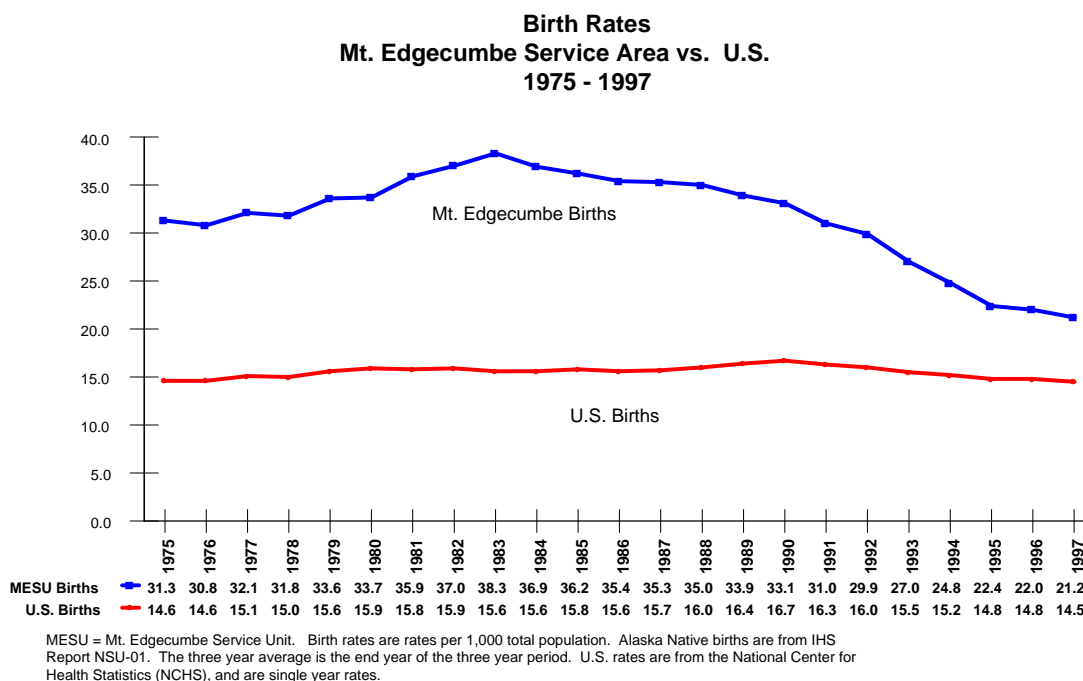


Mt. Edgecumbe Service Unit

Postneonatal Mortality. The Mt. Edgecumbe Service Area postneonatal death rate is higher than the U.S. postneonatal death rate.



Birth Rates. The graph below compares the birth rates between the Mt. Edgecumbe Service Area and U.S.

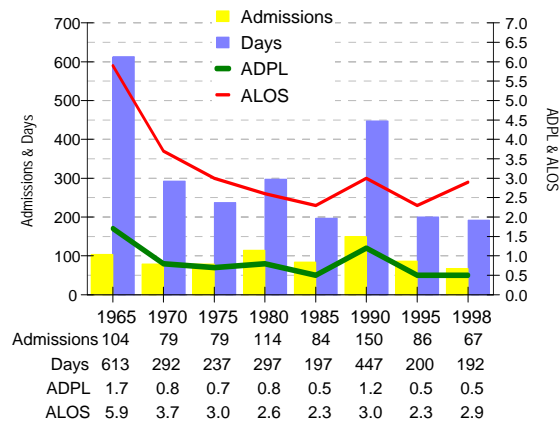


Mt. Edgecumbe Service Unit

INPATIENT WORKLOAD

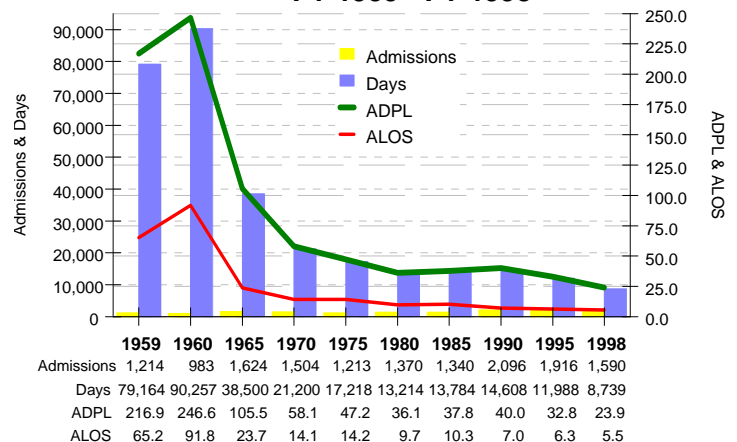
The newborn inpatient workload and the inpatient workload excluding newborns for the Mt. Edgecumbe Hospital is shown in the following graphs.

**Mt Edgecumbe Hospital
Newborn Inpatient Workload
FY 1965 - FY 1998**



ADPL = Average Daily Patient Load; ALOS = Average Length of Stay
SOURCE: HSA-202 Monthly Report of Inpatient Services

**Mt Edgecumbe Hospital
Inpatient Workload Excluding Newborns
FY 1959 - FY 1998**



ADPL = Average Daily Patient Load; ALOS = Average Length of Stay
SOURCE: HSA-202 Monthly Report of Inpatient Services

DISCHARGE DIAGNOSES

Mt. Edgecumbe Hospital: Leading Causes of Discharges: FY 1994 - FY 1997

	FY 1994	FY 1995	FY 1996	FY 1997
Alcohol Abuse	120	173	171	155
Accidents & Injuries	153	166	92	94
Undiagnosed Symptoms	118	97	152	91
Deliveries (Childbirth)	113	83	72	81
Upper Respiratory Problems	62	80	59	74
Psychoses	37	78	54	68
Chronic Tonsil, Adenoid Disease	44	62	69	68
Complications of Pregnancy	65	57	74	68
Gynecologic Problems & Breast	88	53	43	64
Otitis Media, Acute & Chronic	38	52	19	48

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 2C.